

## VESS Telemedicine Statement:

In the wake of the COVID-19 epidemic many practitioners are being asked to transition patient visits to telemedicine. Using telemedicine offers practitioners a method to provide care and protect patients from viral exposure. There are typically numerous regulations and limitations for use of telemedicine, but many of these have been waived after the President declared a national emergency. This has made telemedicine easier and more accessible to patients and practitioners. This statement is meant to provide a brief overview of regulatory changes that have been broadened to allow providers reimbursement and greater ability to use telemedicine. We have also included some nuts and bolts tips to get started.

When considering telemedicine there are three main providers each with their own regulations. The vast majority of vascular patients are covered by Medicare. Prior to the national emergency declaration, Medicare had very specific geographic (rural location) and facility (physician's office, dialysis center, etc.) limitations for telemedicine reimbursement. The geographic locations have been removed so that patients may be located in urban or rural areas. The facility limitations have also been lifted which allows patients to be at home and receive telemedicine services from a vascular provider. Medicare had not changed the provider limitations, so only physicians, nurse practitioners, physician assistants, clinical nurse specialists, and a few other limited practitioners may do telemedicine. The Department of Health and Human Services (HHS) has also stated that it will not conduct audits in regard to a prior relationship being established for patients receiving telemedicine. Finally, the Centers for Medicare Services have not changed the eligible services for telemedicine, but all E&M codes for new and established patients are covered. A full list of eligible services can also be found at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Medicaid already has very broad application of telemedicine, but the applications vary from state to state. It is outside our ability to predict what each state will do, but up to date information can be found on state Medicaid websites, and will likely mirror those of Medicare. In states that have declared a state emergency enforcement of regulations will be limited. Private payers such as Aetna, Blue Shield Blue Cross, and Cigna have all opened up telemedicine as a pathway for care. For instance, Aetna has waived all co-pays related to visits seen through telemedicine. They will reimburse visits with providers through their teledoc app, but also with in-network providers.

Typically, physicians or other health care professionals must hold a license in the state in which they provide services, or in the case of telemedicine where the patient is located. With the declaration of a national emergency, CMS has waived the licensure requirement. While CMS may have issued a waiver, licensure is typically enforced by state. Most states that have declared a state of emergency have remarked that they will not issue fines for providers delivering care to patients that may be outside the state they are licensed in during this time.

No telemedicine discussion would be complete without mentioning consent and HIPAA. Many states require patients to consent to the use of telemedicine. Below we have included two

templates to use for telemedicine visits and phone visits. These include a statement of consent and also language to satisfy time-based E&M billing codes. Finally, in regard to HIPPA compliance not all telemedicine platforms are equal. For sites that have Electronic Medical Record (EMR) based telemedicine, this is the preferred HIPPA compliant platform. Other secure services such as Zoom are also preferred. With Zoom, you can create a virtual waiting room. When patients connect to the teleconference, they are placed in this virtual waiting room which insures they cannot enter another patients visit. Many states have allowed for a waiver of using HIPPA compliant video methods right now such as facetime, but it is imperative that you adequately document that the patient consented to using video and understand the risks.

Please keep in mind that right now changes are rapid, and new information is coming out every hour. The best resources regarding up to date telemedicine policy can be found at the Center for Connected Health Policy website: [cchpca.org](http://cchpca.org). CMS also has updated information coming out regularly: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>

In addition, the Vascular and Endovascular Surgery Society (VESS) leadership and myself remain committed to helping all providers through this difficult time. We encourage you to reach out to us to answer questions and continue to provide guidance.

Misty Humphries, MD, MAS, RPVI, FACS  
Secretary, Vascular and Endovascular Surgery Society

Example Dot Phrases for use of telemedicine and phone visits:

#### **VIDEO VISIT**

I performed this clinical encounter by utilizing a real time telehealth video connection between my location and the patient's location. The patient's location was confirmed during this visit. I obtained verbal consent from the patient to perform this clinical encounter utilizing video connection and prepared the patient by answering any questions they had about the telehealth interaction.

**CHIEF COMPLAINT:** \*\*\*

**SUBJECTIVE:** \*\*\*

**OBJECTIVE:** \*\*\*

**ASSESSMENT & PLAN:** \*\*\*

**Approximately \*\*\* minutes were spent with the patient, of which more than 50% of the time was spent in counseling and/or coordinating care on \*\*\*. The patient understands and agrees with the plan of care outlined.**

**PHONE VISIT**

I performed this clinical encounter by utilizing a real time telehealth phone connection between my location and the patient's location. The patient's location was confirmed during this visit. I obtained verbal consent from the patient to perform this clinical encounter utilizing phone connection and prepared the patient by answering any questions they had about the telehealth interaction.

**CHIEF COMPLAINT: \*\*\***

**SUBJECTIVE: \*\*\***

**OBJECTIVE: \*\*\***

**ASSESSMENT & PLAN: \*\*\***

**Approximately \*\*\* minutes were spent with the patient, of which more than 50% of the time was spent in counseling and/or coordinating care on \*\*\*. The patient understands and agrees with the plan of care outlined.**